

JUL 10 2006

POSZ LAW GROUP, PLC

ATTORNEYS AT LAW

12040 SOUTH LAKES DRIVE, SUITE 101
RESTON, VA 20191

SPECIALIZING IN PATENTS, TRADEMARKS & COPYRIGHTS

DAVID G. POSZ
JAMES E. BARLOW *
BRIAN C. ALTMILLER
ROBERT L. SCOTT, II
CYNTHIA K. NICHOLSON
R. EUGENE VARDELL, JR.*
THERESE B. VARDELL*
KERRY S. CULPEPPER

DEBRA G. SHOEMAKER, PH.D.**

* NOT ADMITTED IN VIRGINIA
PRACTICE LIMITED TO FEDERAL PATENT,
TRADEMARK AND COPYRIGHT MATTERS
** PATENT AGENTTEL: (703) 707-8110
FAX: (703) 707-8112
WWW.POSZLAW.COMFACSIMILE TRANSMISSION

Date: 7/10/2006

Pages: 17

Fax No.: 571-273-8300

To: Examiner Dru M. PARRIES, USPTO

From: Robert L. Scott, II

Subject: After Final response in the below captioned matter

Applicants: OKITSU et al.	Atty. Dkt.: 11-165
Serial No.: 10/606,863	Art Unit: 2836
Filed: 6/27/2003	Examiner: PARRIES
Title: LOAD DRIVE CONTROL APPARATUS HAVING MINIMIZED POWER CONSUMPTION WHEN FUNCTIONING IN WAITING STATUS	

CERTIFICATE OF FACSIMILE TRANSMISSIONI hereby certify that this correspondence is being facsimile transmitted to the USPTO (Fax. No. 571-273-8300) on 10 July 2006
Typed Name: Robert L. Scott, II.Signature: 

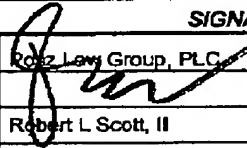
****Notice****

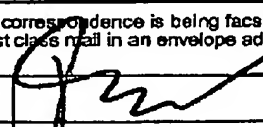
The information contained in this facsimile transmission is intended only for the above-indicated addressee, and may contain privileged and confidential attorney work product or trade secret information. Any dissemination, distribution or copying of any part of this transmission is strictly prohibited. If you have received this transmission in error, please immediately notify the sender, and return the transmission to the sender at the above-indicated address.

JUL 10 2006

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/606,863	
	Filing Date	6/27/2003	
	First Named Inventor	OKITSU	
	Art Unit	2836	
	Examiner Name	PARRIES	
Total Number of Pages in This Submission	16	Attorney Docket Number	11-165

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, PLC		
Signature			
Printed name	Robert L. Scott, II		
Date	10 July 2006	Reg. No.	43,102

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Signature	
Typed or printed name	Robert L. Scott, II
Date	10 July 2006

JUL 10 2006 5:30PM POSZ LAW GROUP

7037079112 JUL 10 2006 P.3

FEE TRANSMITTAL

FEE TRANSMITTAL	Application Number	10/606,863	
	Filing Date	6/27/2003	
	First Named Inventor	OKITSU	
	Examiner Name	PARRIES	
	Art Unit	2838	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Attorney Docket No.	11-165
TOTAL AMOUNT OF PAYMENT		(\$)	120

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ None ☐ Other (please identify):
- ☒ Deposit Account: Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	350	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other, 1 month Extension of Time fee

120

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	43,102	Telephone	(703) 707-9110
Name (Print/Type)	Robert L. Scott, II	Date	10 July 2006		